

## UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

141/454

OMB APPROVAL							
OMB Number:	3235-0076						
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hours per response	16.00						
1 '							

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						

Name of Offering ([ ] c Limited partnership in	check if this is an amendment and name has chang aterests	ed, and indicate change.)		1711111 11111	1771   10 m			
	x(es) that apply): [ ] Rule 504 [ ] Rule 505 [ X w Filing [ ] Amendment	Rule 506 [ ] Section 4(6) [ ] ULOE						
	A. BASI		) (40))( 0))))	4411 1511 1111 1111 1111 1111 1111 1111				
1. Enter the information	n requested about the issuer			'	-			
	ck if this is an amendment and name has changed portunities Fund, LP - Series B	, and indicate change.)						
	offices (Number and Street, City, State, Zip Code) ard, Suite 300, Minneapolis, MN 55416		Telephone (612) 253-	•	cluding Area Code)			
Address of Principal Bu	isiness Operations (Number and Street, City, State	e, Zip Code) (if different from	Telephone Number (Including Area Code)					
Executive Offices)					PROCESSED			
Brief Description of Bu	siness				11100200==			
Private investment fu	ad				B SEP 0 7 2007			
Type of Business Organ	nization				THOMSON			
[ ] corporation [ ] business trust	[X] limited partnership, already formed [ ] limited partnership, to be formed	[ ] other (please specify):			FINANCIAL			
	te of Incorporation or Organization: ation or Organization: (Enter two-letter U.S. Pos CN for Canada: FN fo	tal Service abbreviation for State: r other foreign jurisdiction) [D[E]	<u>Month</u> [0] 1]	<u>Year</u> [0  7]	[X] Actual [ ] Estimated			

# GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [X] General and/or Managing Partner	
Full Name (Last name first, if i Whitebox Special Opportunit	·	
	s (Number and Street, City, State, Zip Code) nite 300, Minneapolis, MN 55416	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [X] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if i Wood, Jonathan D.	ndividual)	
	s (Number and Street, City, State, Zip Code) site 300, Minneapolis, MN 55416	
Check Box(es) that Apply:	[ ] Promoter [ X] Beneficial Owner [ X] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if i Redleaf, Andrew J.	ndividual)	
	s (Number and Street, City, State, Zip Code) nite 300, Minneapolis, MN 55416	
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if i Lobdell Capital Partners, LP		
Business or Residence Address One Bush Street, 12th Floor,	s (Number and Street, City, State, Zip Code) San Francisco, CA 94104	
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if i Dunwoody Partners, LP	ndividual)	
	s (Number and Street, City, State, Zip Code) Suite 275, Norcross, GA 30092	
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if i Vogel, Robert	ndividual)	
	s (Number and Street, City, State, Zip Code) uite 300, Minneapolis, MN 55416	_
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if i	individual)	
Business or Residence Address	s (Number and Street, City, State, Zip Code)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INF	ORMATI	ON ABO	UT OFFE	RING					
 1. H	as the issuer sold	, or does the	issuer inter	id to sell, to	non-accred	ited investo	rs in this of	fering?						Yes No [ ] [X]
								2, if filing u						
2. W	hat is the minim	um investme	ent that will								,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>\$</u>	1,000,000*
	depresents initial													
Ċ	apital contribut	ion of less t	ban this am	ioun <b>t</b>	y caed sub.	, , , , , , , , , , , , , , , , , , ,	o o coca		.,, 12 115 500	• • • • • • • • • • • • • • • • • • • •	-, <b>F</b>	• • • • • • • • • • • • • • • • • • • •		Yes No
3. D	oes the offering p	ermit joint o	ownership o	f a single u	nit?	•••••••					••••••		************	
SC TC	nter the informati dicitation of pure gistered with the f such a broker or	hasers in co SEC and/or	nnection wi with a state	th sales of s or states, li	ecurities in ist the name	the offering of the brok	, If a perso er or dealer	n to be liste . If more th	d is an assoc	ciated perso	n or agent o	f a broker o	r dealer	
Full 1	lame (Last name	first, if indi	vidual)			NOT		DIE				<del></del>		
Rusir	ess or Residence	Address (N	umber and	Street City.	State. Zin (		'APPLICA	RPF						
Name	of Associated B	roker or Dea	aler											
State:	in Which Person Check "All States	Listed Has	Solicited of adividual St	r Intends to ates)	Solicit Purc	hasers			• • • • • • • • • • • • • • • • • • • •				[	] All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
Full ?	[RI] Name (Last name	[SC]	(SD)	[TN]	[TX]	[បា]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
				<u></u>				_						
Busir	ess or Residence	Address (N	umber and	Street, City,	State, Zip	Code)								
Namo	of Associated B	roker or De	aler		-									
State:	s in Which Person Check "All States	n Listed Has " or check in	Solicited o	r Intends to ates)	Solicit Pure	chasers							[	] All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[D]	
	(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full }	Name (Last name	first, if indi	vidual)											
Busi	ess or Residence	Address (N	fumber and	Street, City,	, State, Zip	Code)								
Nam	e of Associated B	roker or De	aler						-					_
State (0	s in Which Person Check "All States	n Listed Has " or check in	s Solicited o ndividual St	r Intends to ates)	Solicit Pur	chasers	***************************************				••••		1	] All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]	
	(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	(RI)	[SC]	[SD]	ITNI	(TX)	luli	įvij	[VA]	[WA]	įwvj	įwn	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Already Type of Security Sold Price 0 Debt ...... 0 Equity [ ] Common [ ] Preferred Convertible Securities (including warrants) 18,017,000 <u>.....</u> \$ Infinite **Limited Partnership Interests** ) ..... 0 Other (Specify 18,017,000 Infinite Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 18,017,000 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) \$ ........... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C--Question 1. Type of Dollar Amount Sold Security Type of Offering \$\_ Rule 505 \$ Regulation A \$ \_\_\_\_ Rule 504 \_ \$ \_ Total \_\_\_\_\_ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees [X]5,000 2,500 Printing and Engraving Costs [X]20,000 Legal Fees [X] [X]2,500 Accounting Fees 0 **Engineering Fees** Sales Commissions (Specify finders' fees separately) [] 0 [X]5,000 Other Expenses (identify) Miscellaneous

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

35,000

[X]

	b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total exfurnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer"	penses			•••••	••••	Infinite
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.8	ate. Th	poses s e total	hown. of the			
		r 1	·	Payments to Officers, Directors & Affiliates	11	•	Payments to Others
	Salaries and fees	[]					
	Purchase of real estate	[]	\$ <u>_</u>		[]	\$	
	Purchase, rental or leasing and installation of machinery and equipment	[]	\$ _		[]	\$	<del></del>
	Construction or leasing of plant buildings and facilities	[]	<b>s</b> _		[]	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	s _		. []	\$	<del>-</del>
	Repayment of indebtedness	[]	s _	<del></del>	[]	\$	
	Working capital	[]	s _			\$	
	Other (specify): Investment in financial instruments	[]	<b>s</b> _		[X]	s	Infinite
	Column Totals	[]	s _		[X]	\$	Infinite
	Total Payments Listed (column totals added)		[X]	\$ <u>Infinite</u>			
_	D. FEDERAL SIGNATURE						
und	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staffor-accredited investor pursuant to paragraph (b)(2) of Rule 502.	nder Ru , the inf	le 505, ormatic	the following sig on furnished by th	nature c ne issuer	onstit to an	utes an
İssı	uer (Print or Type) Signature	<u>ラ</u>	Date		- ~		<del></del>
	hitebox Special Opportunities Fund, LP - Series B		7	ugust.	<u>2/</u>	, 2	007
Naı	me of Signer (Print or Type)  Title of Signer (Print or Type)	_	_	J			
Jor	nathan D. Wood  Chief Operating Officer, Whitebox Ac Special Opportunities Advisors, LLC, Fund, LP – Series B						

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions  Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	undersigned issuer makes the above undertakings and representations only to the extent that they may be required by a state under Section 18 of the urities Act of 1933.
The	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.
Issu	er (Print or Type)  Date
Wh	itebox Special Opportunities Fund, LP - Series B
	Title (Print or Type)  Chief Operating Officer, Whitebox Advisors, LLC, Managing Member of Whitebox Special Opportunities Advisors, LLC, General Partner of Whitebox Special Opportunities Fund, LP – Series B

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to non-a investor	2 I to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of					
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
AL				,,					
AK					<u> </u>	<u></u>	1		-
AZ		X	Limited partnership	1	400,000	0	0	N/A	N/A
		<u> </u>	interests – infinite						
AR									
CA		X	Limited partnership interests – infinite	2	2,250,000	0	0	N/A	N/A
CO									
СТ				_	1				
DE					+	<del></del> -	<del>                                     </del>		
DC		<del> </del>	<del> </del>	<u>.</u>					
FL		<u> </u>	-				+		
GA		x	Limited partnership	2	3,600,000	0	0	N/A	N/A
GA			interests - infinite		3,000,000	· · · · · · · · · · · · · · · · · · ·			1074
HI	1								
ID				·	"				
IL		Х	Limited partnership interests – infinite	2	700,000	0	0	N/A	N/A
IN			interests - intilitie			<u></u>			
lA		<del> </del>							
KS									
KY									
LA	-		+						<u> </u>
ME	-				<del>                                     </del>				
MD				<del></del> .	+				<u> </u>
MA									
		ļ			2 250 000			NUA	N/A
Mi		X	Limited partnership interests – infinite	4	2,250,000	0	0	N/A	INIA
MN		X	Limited partnership interests – infinite	3	8,167,000	0	0	N/A	N/A
MS	_					<u></u>			<del> </del>
МО		1	-		-		-		<del> </del>
мт					+ -				<del> </del>
NE		-					<del> </del>	<u> </u>	<del>                                     </del>
NV		1					<u> </u>		-
							ļ ——		
NH									
NJ									
NM									
NY		X	Limited partnership interests – infinite	2	650,000	0	0	N/A	N/A
NC	<u> </u>	1							

# APPENDIX

1		2	3		4				5 ification	
	<b>v</b> :		Type of security					under State ULOE (if yes, attach		
		to sell ccredited	and aggregate offering price		Type of inv	actor and		explanation of		
		s in State	offered in state		amount purcha	estor and seed in State		waiver	eranted)	
		-Item 1)	(Part C-Item 1)		(Part C-I	tem 2)		waiver granted) (Part E-Item 1)		
	(1411.2	T	(ran o nom r)	Number of	(1,22,0)	Number of		(2		
				Accredited	1	Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
ND										
OH			- :-	-						
ОК										
OR		-								
PA						· · · · · · · · · · · · · · · · · · ·				
RI		-								
SC										
SD										
TN										
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